

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101 257	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1	5					56					
7	1	2					57					
8	2						58					
9	5						59					
10	1						60					
11	1						61					
12	1						62					
13	2						63					
14							64					
15	3						65					
16	3						66					
17							67					
18	3						68					
19	3						69					
20	3						70					
21	3						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	4						77					
28	4						78					
29	2						79					
30	2						80					
31	3						81					
32	3						82					
33	3						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔	↔	↔
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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